



## UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 C.F.R. §1.53(b))

## CERTIFICATE OF MAILING BY EXPRESS MAIL **EXPRESS MAIL NO: EL867659445US**

I hereby certify that this paper and accompanying documents and fee are being deposited with the United States Postal Service "Express Mail post office to Addressee" Service under 37 CFR §1.10 on the date indicated below and is address to BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington D.C. 20231

Date: October 23, 2001

FEE VALUE **ACCOUNTABILITY** DEPOSIT ACCOUNT NO VALUE FEE PURNISHED CODE

**BOX PATENT APPLICATION** Assistant Commissioner for Patents Washington, DC 20231

Transmitted herewith for filing is the patent application of:

Applicant(s):

YABUSAKI, Keiichi and OHKUBO, Michio

Title:

SEMICONDUCTOR DEVICE, AND METHODS OF

MANUFACTURE OF THE SEMICONDUCTOR DEVICE

Attorney Docket No.:

6635-60417

Express Label No.:

EL867659445US

Transmitted herewith for filing are:

## **APPLICATION ELEMENTS**

See MPEP Chapter 600 concerning utility application contents

× Specification [Total Pages: 30]

X

Drawing(s) (35 U.S.C. 113)

[Total Sheets: 7]

Oath or Declaration X

[Total Sheets: 4]

a. ■Newly executed (original or copy) ■unsigned

□signed

b. □Copy from a prior application (37 C.F.R. §1.63(d))

— (for continuation/divisional complete section below)

Other

## FEE CALCULATION FOR CLAIMS AS FILED

			Extra Claim(s)		Large Entity Rate		Fee Paid
Basic Fee					\$740	=	\$740.00
Independent Claims	4	 3=	1	x_	\$84	=	\$84.00
Total Claims	49	 20=	29	x	\$18	=	\$522.00
Fee for Multiple Dependent Claims		ļ	0	x	\$280	=	\$
Total Filing Fee :				<u> </u>			\$1346.00

- (X) A check in the amount of \$1346.00 to cover the filing fee.
- to Deposit Account No. 13-0201.
- (X) Please generate a Notice to File Missing Parts

The Commissioner is hereby authorized to charge any <u>additional</u> fees which may be required in this application under 37 CFR §§1.16-1.17 during its entire <u>pendency</u>, or to credit any overpayment, to Deposit Account No. 13-0201. Should no proper payment be enclosed herewith, as a check being in the wrong amount, unsigned, postdated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 13-0201.

CORRESPONDENCE ADDRESS

Date: October 23, 2001

Registration No. 35,419

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